

25 September 1969

MEMORANDUM FOR: Executive Officer/OMS

SUBJECT: Executive Annual Physical Examinations,  
follow up procedures

REFERENCE: Inspector General's Report of Inspection of  
OMS in 1967-1968

1. During the past twelve months, September 1968 to September 1969, the Office of Medical Services' followup procedures have been improved. Subject examinations have been performed almost entirely by one examiner. His followup procedure has consisted of personally informing the examinee of the results of the examination, or, in numerous cases, passing the results in writing to the examinee.

2. Where medical conditions have been identified which indicate the need or desirability of further therapeutic monitoring or other action, the examinee has been enjoined to consult his private physician. Where the examinee does not have a private physician, the examiner has assisted the Subject with appropriate referral.

3. Further followup procedures leading to this office's receipt of subsequent medical reports still leaves something to be desired. There are a number of elements which have complicated this phase of follow up. These elements include the Subject's therapeutic relationship with his own private physician, the desultory approach of some Subjects toward getting the recommended treatment for certain chronic conditions (particularly when Subject is feeling well at the time), the reluctance and other real difficulties of most practicing physicians to prepare medical reports, and certain pressures of time which make it more difficult for the Medical Staff to give long range, individualized followup attention to every individual case which might merit it.

4. The greatest problem of these is the privacy of the Subject's relationship with his own physician, a relationship with which another physician is most reluctant to involve himself uninvited. This is a very touchy matter indeed, and except where there is some compelling emergency involved, most physicians, having learned to do so by painful experience, give the patient's relationship with his own personal physician a wide berth. This situation is of particular importance in the executive annual program, where the examinations are voluntary, and there is, as a general rule, no administrative requirement for medical evaluation of the Subject for any special duties or assignment.

5. On the other hand, where Subjects are being evaluated for some specific assignment, this office experiences no difficulty in referring examinees to its own special consultants for the necessary further diagnostic tests that may be required, nor in receiving adequate written reports from those consultants. In this case, it should be noted, the Office of Medical Services pays the consultant's fee, as well as the cost of the special examinations themselves. This procedure, within budgetary limitations, might be implemented in the executive annual program. This would involve additional expenditures by the Medical Office, and would probably amount to several thousand dollars a year. This procedure would tidy up diagnostic questions in many cases, and is probably worth planning for. It would not however necessarily lead to the patient's getting into treatment for his condition, nor would it necessarily by any means lead to getting more satisfactory reporting from the Subject's own private physician.

6. As of this writing, the logistics of diagnostic referrals at Office of Medical Services' expense are being explored. It is our intention to provide every executive examinee with a written report of the examination results, whether normal or abnormal, with indication in writing of the findings calling for further diagnostic work and/or treatment, and explicitly advising the examinee of our interest to receive a written report from his private physician relevant to any significant abnormalities identified by the annual physical examination.

7. The gleanings from these efforts to secure reports from private physicians will probably continue to be spotty in those cases where the private physician does not happen to be one of the Agency's cleared consultants. Nevertheless, it will clearly document in every case that the examinee has been informed of his examination results, of the relevant medical recommendations, and that his cooperation has been requested in providing this office with the desirable followup information.

8. These procedures will require some additional expense, but it is not anticipated that the cost will be prohibitive.

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Chief, Clinical Division/OMS

OMS/CD:  ho

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<b>Remarks:</b> Even though we ("prematurely") submitted a report on the effectiveness of the new follow-up procedures for Annual and Executive Expenses, we are <u>still</u> obliged to submit such a report by 1 Oct 1969 - as you can see from DD's memo.			
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<b>Remarks:</b> To (5): C/CD's proposed report (due 1 Oct 69) on OMS follow-up action on the effectiveness of the follow-up procedure for executive/annual eliminations - from the IG Report.					
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